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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. PC9940D	
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		First Inventor D nnls M. G dek	
		Title Azithromycin Combination for Emesis Control in Mammals	
		Express Mail Label No. EV245637124US	
ADDRESS TO: Mail Stop Patent Application Commissioner for Patents Box 1450 Alexandria, VA 22313-1450		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>			
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 20] <i>(preferred arrangement set forth below)</i>		11. <input type="checkbox"/> English Translation Document (if applicable)	
- Descriptive title of the Invention		12. <input checked="" type="checkbox"/> Suppl. Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
- Cross References to Related Applications		13. <input checked="" type="checkbox"/> Preliminary Amendment	
- Statement Regarding Fed sponsored R&D		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
- Reference to sequence listing, a table, or a computer program listing appendix		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
- Background of the Invention		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 <i>(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</i>	
- Brief Summary of the Invention		17. <input type="checkbox"/> Other:	
- Brief Description of the Drawings (if filed)		18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.	
- Detailed Description			
- Claim(s)			
- Abstract of the Disclosure			
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets —]		<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. 10/226,994	
5. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 3]		Prior application information: Examiner Elli Peselev Group/Art Unit: 1623	
a. <input type="checkbox"/> Newly executed (original or copy)		For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts	
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>		19. CORRESPONDENCE ADDRESS	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		<input checked="" type="checkbox"/> Customer Number 28523 or <input type="checkbox"/> Correspondence address below	
6.. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		Name Address	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.		City State	
		Zip Code	
		C untry Tel phon	
		Fax	
NAME (Print/type) Registration No. (Attorney/Agent)		47,811	
Signature Date		9-18-03	

This collection of information is required by 37CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small status. See 37 CFR 1.27

Total Amount of Payment (\$834)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

16-1445

Pfizer Inc

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	filing fee	

Subtotal (1) \$ 750

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below	Fee Paid
Total Claims	15	- 20 =	0	18	0
Independent Claims	4	- 3 =	1	84	84
Multiple Dependent				280	0

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue independent claims over original patent	

SUBTOTAL (2) (\$ 84

Complete if Known

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Dennis M. G. dek
Examiner Name	Elli Peselev (anticipated)
Art Unit	1623 (anticipated)
Attorney Docket No.	PC9940D

FEE CALCULATION (continued)

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late fee or oath	
1052	50	2052	25	Surcharge-late filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions to the Commissioner	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2810	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
1802	900	1802	900	Request for expedited examination of a design application	

Other Fee (specify)

*Reduced by Basic Filing Fee Paid

Subtotal (3) (\$ 0

SUBMITTED BY

Name (Printed/Type)	Martha G. Munchhof	Registration No.	47,811	Telephone	(860) 715-4288
Signature		(Attorney Agent)		Date	7-18-03

Warning: Information on this form may become public. Credit card information should not be included on this form. Pr vid credit card informati n and auth rization n PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 137 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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